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EVALUATION OF THE CERTIFICATE IN HEALTH ADMINISTRATION
AND CERTIFICATE IN NURSING ADMINISTRATION PROGRAMMES

Institute of Development Management

THE REPORT OF A CONSULTANT

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TABLE OF CONTENTS

Acknowledgements

1. Background
 - 1.1. Introduction
 - 1.2. The Approach

2. The Report
 - 2.1. Recruitment and Acceptance of Participants
 - 2.1.1. Role Definition
 - 2.1.2. Qualifications of candidates
 - 2.1.3. Categories of candidates
 - 2.1.4. Selection of candidates
 - 2.1.5. Availability of candidates
 - 2.2. The Residential Programme
 - 2.2.1. Content
 - 2.2.2. Curriculum Development
 - 2.2.3. Organisation of the syllabus
 - 2.2.4. Presentation
 - 2.2.5. Evaluation of participants
 - 2.2.6. Library resources
 - 2.3. The Internship
 - 2.4. Development of a Qualifications Sequence

2.5. IDM Administration and Staff

2.6. Public Relations

2.7. The Budget

Appendix A: List of Individuals Consulted

Appendix B: Questionnaire for Participants

Appendix C: Guidelines for Discussion with Client Organisations

Guidelines for Discussion with IDM and CHA/CNA Lecturers

Acknowledgements

The consultant wishes to thank Dr. Fanny Friedman for her generosity in making so much time available, her wise guidance, patience and friendship; and Sister Joanna Billette for being so well organised and thorough, for her constant good cheer, warmth and thoughtfulness; and Mrs. Gwen Moeletse for being so helpful, opening many doors, and for her companionship.

Thanks also to Dr. Fred Schindeler and the IDM staff for their support, and to all of the persons who spent endless hours meeting with the consultant discussing the CHA/CNA programme.

1. BACKGROUND

1.1 Introduction

The Institute of Development Management (IDM)⁺ requested the consultant to evaluate the Certificate in Health Administration/Certificate in Nursing Administration (CHA/CNA) courses in terms of their appropriateness to the needs of public and private sector institutions in the BLS countries, and to review the content and presentation of the courses, and the learning acquired by participants. The CHA course has been offered twice (1979 and 1980/1) and the CNA course once (1980/1).

⁺ Funding for this evaluation was provided by the United States Agency for International Development.

The consultant found a high level of acceptability of these courses and respect for the IDM. The concept of management training in the health field is new in the BLS countries but widely recognised as critical to improving health services. The health sector is new to the IDM. However, the Institute is well established in development training and the CHA/CNA programme was planned to meet identified needs.

1.2 The Approach

Prior to the consultant's departure from Washington, D.C., the IDM sent a large package of materials, including reports on the background and development of the CHA/CNA programmes, course outlines, participant evaluations, a bibliography of books in the IDM library, the IDM calendar, and so on. On the basis of this information, the consultant was able to prepare a questionnaire for former participants, and guidelines for discussions with client organisations, IDM staff and other CHA/CNA lecturers. The questionnaire was slightly revised upon arrival in Swaziland, and subsequently distributed to former participants.

The consultant made a five week visit to Swaziland (19/4/81 - 29/4/81), Lesotho (29/4/81 - 7/5/81), and Botswana (7/5/81 - 22/5/81). In each of the three countries, meetings were held with IDM permanent staff and course tutors, representatives of client organisations in the public and private sectors, former participants, and representatives from national manpower planning and funding agencies. (See Appendix A for the List of Individuals Consulted.)

This is the report of the consultant's findings. It does not include details of the genesis, development, or substance of the programme; rather, it is an analysis of the strengths and weaknesses with recommendations which, it is hoped, will be useful to the IDM. Most of the ideas presented came from people with whom the consultant met, who had been concerned

with the CHA/CNA programme in one way or another, and who were kind enough to discuss their views. Individual attributions have not been made because the recommendations are an amalgam of separate contributions.

2. THE REPORT

2.1 Recruitment and acceptance of participants

2.1.1. Role definition

Until now there has been inadequate definition of most of the roles within the health administration cadre (including hospital and non-institutional settings). This has created problems in the selection of appropriate candidates for the courses and in the application of training when graduates return to the field. Although the major problems have occurred with CHA participants, it is also true for some of the CNA students, especially from mission hospitals.

The starting of the next CHA/CNA course was postponed from May 18, 1981 until September 1, 1981 to accommodate the Botswana government request that they be given adequate time to prepare job descriptions for the health administrators. Both the Botswana and Lesotho governments have agreed that job descriptions would be ready by June so that the IDM could consider them in planning the next course. It is recommended that candidates not be selected for the CHA/CNA courses until clarification of the roles of proposed participants has been received.

It should be pointed out that the role of health administrators is a relatively new one in the BLS countries (as in other parts of the world) and it will undoubtedly take some years for this cadre to gain acceptance. That acceptance will require official support for their status but also will depend on the performance of health administrators in their posts.

2.1.2. Qualifications of candidates

In view of the responsibilities, and the status of co-workers, it would be desirable to recruit graduates for health administration positions. Practically, they are not generally available. Therefore, it is recommended that current admission requirements, which stress experience, be continued.

There is a problem, especially in the nursing cadre, of the more senior people tending to be closer to retirement. However, it is awkward to train younger upcoming candidates beyond the level of their superiors. Where possible, however, those in line for promotion should be selected so they will have more opportunity to apply the training, and the course will be seen to affect status.

2.1.3. Categories of candidates

It is recommended that an attempt be made to attract participants from other areas of health services management in addition to hospital and district health and nursing administration. This would include administrators of programmes such as EPI (Expanded Programme of Immunisations), malaria, and family planning, pharmacy and laboratory services, and so on. In addition to contributing to improved administration in these areas, it would enrich the exchange among participants by increasing the heterogeneity of experience. Moreover, training a broader spectrum of the

health team together should help to improve working relationships in the field.

2.1.4. Selection of candidates

It is recommended that a joint committee be established in each of the BLS countries for the selection of candidates from their respective countries. The committee should include representation from IDM and the public and private sectors. In addition to ensuring the appropriateness of the candidates, this will contribute to increasing mutual understanding of the purpose and expectations of the courses by IDM and the users. IDM should take major responsibility for screening non-BLS candidates.

In the past it has been very difficult for IDM to get applications in advance. It is hoped that the participation of key institutions in the selection process will result in earlier proposing of candidates. If applications are not received in good time, the committee would not be able to function.

2.1.5. Availability of candidates

The consultant found considerable interest in both the CHA and the CNA courses in the BLS countries. Although none of the countries could be specific about its manpower training plans over the next 3 to 5 years, there were indications that a steady flow of participants would be forthcoming. In addition, there appears to be a growing interest in other African countries. In view of an increasing awareness of the importance of administration in the health services, the outlook is promising. However, the consultant is unable to report reliable projections.

2.2. The Residential Programme

2.2.1. Content

The objective of preparing health and nursing administrators to work in either a hospital or community health setting is appropriate, meets the needs of the BLS countries, and provides more career flexibility to graduates. However, it is recommended that there be a much heavier emphasis in the curriculum on the organisation and management of community health care and that this be considered a high priority. Participants themselves expressed this need and there is a firm commitment in the BLS countries to the extension of primary health care services. The IDM course should reinforce this effort. The present curriculum is stronger in hospital administration. Those courses which deal with community health care tend to stress the composition and, to some extent, clinical aspects, rather than the management of primary care services.

All three of the countries are moving toward decentralisation of health care services and the concept of health teams managing these services. The role and division of responsibilities of the health team should be integrated into the syllabi of all courses dealing with personnel and administration. Furthermore, it is recommended that a two or three day health team seminar be held at least once during the course. In addition to the course participants, the seminar should include doctors and representatives of other disciplines on the health team. Such a seminar would provide an opportunity for all participants to work together on decision theory and administrative issues and thus gain a better understanding of, and respect for each other's roles. The relevant ministries in each of the BLS countries should be consulted during the preparation of the seminar to ensure that the content is compatible with official policy.

The seminar concept appears to have significant support among the ministries of health and donors (namely USAID). It is felt that it would be beneficial in clarifying the health team concept and, in particular, the role of the new administrative cadre. Moreover, it is recognised that doctors, and also nurses, frequently are untrained in administration. In addition, a large proportion of the doctors are expatriates and are unfamiliar with the local setting.

Current lecturers in the CHA/CNA courses have attempted to make all of the material relevant to the local setting. However, the courses could be made even more meaningful to the participants by further stressing practical application rather than theories of administrative practice, and by using materials that are based on real case studies. To the extent possible, examples of forms that are used in the training should be local ones.

2.2.2. Curriculum development

Although the IDM should be commended on the development of the CHA/CNA curricula considering the limited time available, and the shortage and turnover of staff, it is recommended that the curriculum be redesigned with assistance from a curriculum design specialist. The present course outlines are relatively sketchy and course objectives, for the most part, do not indicate explicit behavioural expectations. Given the high turnover of staff, the dependence on part-time lecturers, and considering the long term plans to withdraw expatriate consultants, the curriculum needs to be well programmed.

The new curriculum could use the competency-based approach. It should specify performance objectives for each segment, detail the content, and include problem-oriented exercises for the students. The curriculum should be organised in small modules so that modifications can be made without disrupting the entire course. Obligatory and optional reading assignments should be included.

2.2.3. Organisation of the syllabus

It is recommended that there be a restructuring of the syllabus to reflect increased emphasis on the organisation and management of community health services, and to eliminate existing overlap between some of the courses. The core curriculum should be expanded to incorporate some aspects of the separate CHA and CNA curricula that are similar, and to expose each of the groups to additional subjects from which it is felt they could benefit. Training members of the health team together contributes to a greater understanding of the unique roles of each.

Following is a suggested (but not conclusive) distribution of courses:

The Core Curriculum

- Hospital Administration
- Community Health Care Administration
- Planning and Evaluation
- Personnel Management
- Financial Management and Budgeting
- Socio-cultural, Psychological and Legal Aspects of Health
- Communication Skills

The Nursing Administration Curriculum

- Nursing Administration

The Health Administration Curriculum

- Logistic Support Systems and Ancillary Services
- Accounting

Sequence is always a difficult issue because everything should come first. However, there seemed to be a consensus among the participants that communications skills should be offered at the beginning. Group

dynamics and interpersonal relations also need to be covered early on but could be incorporated into either Communication Skills, Personnel Management, or Social, Psychological and Legal Aspects of Health.

Following are a few brief comments on the substance of individual courses:

(a) Hospital Administration

If the course on Principles of Administration were to be eliminated, the management concepts covered in that course would be integrated into this and, to a lesser extent, into Community Health Care Administration. The management techniques that are introduced should be directly related to their practical application in Southern African institutions. The course would include the organisation and function of hospital departments, and the aspects of control that concern both administrators and nurses. Basic elements of the planning and design of hospital units would also be incorporated. (It should be noted that there was a general feeling that the text used in the Principles of Administration course was difficult and too theoretical.)

(b) Community Health Care Administration

This course should cover the organisation and management of community health care services in the Southern African region, stressing primary health care. It should deal with such issues as: community relations and participation, categorical and integrated services that are under centralised or decentralised control, community health workers, the selection and use of appropriate technologies, organising referral systems etc. (The WHO has developed an excellent course on the management of EPI which, although narrowly focused, might provide some useful guidance.)

(c) Planning and Evaluation

It is recommended that a course in planning and evaluation be added to the CHA/CNA programme. Planning, monitoring and evaluation are

fundamental to administration, and the participants themselves expressed a need for skills in this area. Therefore, very simple, basic skills in the gathering, analysis and use of information should be introduced. The materials used in teaching these skills should be largely based upon routine information systems that exist in the region. The participants should also be introduced to basic survey techniques. Exercises in project design and evaluation are suggested.

(d) Personnel Management

This course should be oriented toward the applications of principles of personnel management to the roles of health professionals in Southern Africa.

(e) Financial Management and Budgeting

Basic techniques of budget preparation and financial management, and an introduction to the issues of financing health care in the region, would be included in this course.

(f) Nursing Administration

Instead of the six courses which have been given separately to nursing administrators in the past, it is suggested that there be one course which covers the concepts that are unique to the nursing service. Expansion of the core curriculum has already been discussed.

2.2.4. Presentation

The geographic separation and shortage of permanent IDM staff resulted in some courses in the programme being taught in a single block by one individual giving four hours of lecture a day, and other segments fragmented into separate hour long lectures given by guest tutors following each other in rapid sequence. It is recommended that the programme be structured so that

two courses, or two segments of a single course, run concurrently with two lecturers each teaching two hours a day.

For the most part the students enjoyed the courses very much. They reported plenty of opportunity for classroom participation and an interesting variety of activities. However, not all of the field visits were well organised. The lecturer should always make a prior visit to the site to make all the necessary arrangements that will ensure the relevance of the field visit.

2.2.5. Evaluation of participants

The evaluation of students appears to be based primarily upon examination results. It is recommended that student evaluation incorporate additional performance measures, such as classroom participation, homework, and the internship, and that these be reflected in the grades. Some aspects of the courses that are interesting, but somewhat peripheral to the participants' jobs (such as public health dentistry, need not be included in the examinations.

2.2.6. Library resources

The IDM only began building its library of relevant materials with the inception of the CHA/CNA course, and initially there was no designated budget. However, there are now a fair number of books, and more on order. There is a concentration, naturally, on areas in which there has been strength on the faculty. The greatest deficiency is in the area of community health care management. Although there is a large collection of audio-visual aids in the other areas, there are almost none that are directly health-related. (Some aids from the library of the Institute of Health Sciences in Swaziland were used when the course was taught there.)

It is anticipated that, in conjunction with the proposed curriculum

design effort, a recommended bibliography and list of audio-visual materials will be prepared. If not, it is suggested that assistance be obtained from organisations like IDRC and the Association of University Programmes in Health Administration.

Since much of the relevant resource material is found in periodicals, not in books, it would be extremely useful if a proper search could be mounted to identify and obtain reprints of articles that have been published in the last 5 to 10 years that are directly related to course content. If well catalogued and used by the lecturers, this type of file could be an important resource.

There are a number of libraries in the BLS region that have relevant resource materials. Some linkages have already been established (for example, with the University College of Botswana library) and relationships with other libraries (such as the Botswana Nurses Association) would be beneficial.

This last year, during the residential sessions in Swaziland, references for the CHA/CNA course were moved from the main IDM library in Botswana, to Swaziland. It is important to continue the mobile library. However, as the number of references grows, an ever smaller proportion will be carried to the other countries. This raises a question as to the validity of expanding the library if the residential sessions are going to be held in different countries.

Increased orientation to the use of the library, and other libraries in the region to which the participants have access, is suggested.

2.3. The Internship

The internship is a good concept and an important part of the CHA/CNA course. Although IDM staff have made valiant attempts to organise the internships, and some worked out quite well, there have also been numerous problems. It is an extremely difficult and costly programme to administer

and also strains the resources of the receiving institution. It is therefore recommended that the internships be reduced from two to one session.

One eight-week internship should be adequate.

The internship experience should be equally divided between a hospital and community health placement. The community health placement is generally more difficult to arrange but very critical.

Identifying situations and preceptors for the internship is difficult, especially because of the newness of the health administration cadre. This should be a collaborative effort by IDM, the ministries of health and missions, and private employers sending participants to the course. It would be desirable to have the same national committees which select participants, also be responsible for internship placements. IDM does have a health sector staff person in each of the BLS countries at this time, and they should be able to lay some groundwork for the internships.

Qualified preceptors are hard to find. There are experienced nursing administrators (matrons and public health nurses). There are also several technical assistants in health and hospital management who could be tapped as preceptors, as well as former participants who are in responsible positions. Potential preceptors should agree to work closely with the interns before the placement is agreed upon. The course tutors have to communicate with preceptors prior to the arrival of the interns, to ensure that they understand the objectives of the internship. If possible, IDM staff should visit the interns. A special effort should be made to visit those who are in places with less experienced preceptors. Preceptors should be asked to evaluate the interns at the end of the internship.

Internship guidelines should be developed in conjunction with the development of the curriculum so that the internship complements the rest of the programme. Since it is an opportunity for applying the skills learned, it should directly relate to preceding courses.

Followup after the internship session should give the participants an opportunity to sharpen skills in which they found themselves deficient.

The students also need to have feedback on their performance and the reports they have produced during the internship. It is therefore recommended that followup of the internship be integrated into the curriculum. This could be organised as a special seminar or, alternatively, the related courses could span the internship period.

The issue of per diem payments during the internship has been the subject of considerable discussion. It is the view of the consultant that the internship is an integral part of the CHA/CNA course and therefore board and lodging should be covered as it is during the residential phase. Payments to receiving institutions should be based on a uniform rate that is negotiated by IDM with representatives of the public and private sectors. If this is a subsidised rate (e.g. if it doesn't reflect the full costs to the receiving institutions), then a larger fee would have to be paid for the participants from outside of the BLS countries which would be covered by a surcharge added to their course fee.

2.4. Development of a Qualifications Sequence

There is a strong demand from all of the BLS countries for a sequence of courses in health administration that would include a certificate, diploma and degree. There is sound justification for such a progression: it would, as articulated by Botswana government representatives, provide the potential for building a career ladder in health administration for individuals working in health administration, but who may only have a Junior Certificate or Matric. Those who are promising can initially be sent for certificate level training. If, after they return to their stations, they show more promise, they can do a diploma course. After a few more years of working, if they are good, they can be sent for degree training and be promoted into senior positions. This progression would be a strong incentive to trainees and, as their training would be rather specialised, encourage them to remain in the health sector.

Senior, and even mid-level health administration positions, require a substantial background. In the BLS countries, there are not enough graduates, or even well qualified persons with Cambridge, to go around. Therefore, in order to develop a strong health administration cadre, the health sector will, so to speak, have to "grow their own administrators".

Since the present certificate courses in health and nursing administration are unique in the region and appear to be filling a training need, and the IDM is building experience, and a reputation for this type of training, it is recommended that the IDM continue the certificate courses, and participate, in cooperation with other local institutions, in the planning and development of diploma and degree courses. It is essential that the grading of the health and nursing administration cadres in the schemes of service correspond to the progression of qualifications and that this be formalised prior to development of the advanced courses.

The consultant supports the IDM view that a diploma course should be a joint IDM/university programme, and that a degree course would belong wholly within a university. However, it is hoped that IDM and university collaboration in the development of the progression would ensure a well planned meshing, with credit being given for each course towards the next. Even short or specialised courses, such as accounting, could be credited toward a higher qualification.

Standardisation of entry and course requirements for the different levels of qualification in the BLS countries has not been achieved. However, the total length of the present CHA/CNA course approximately corresponds to local diploma courses, for example, for nurse clinicians. It is therefore recommended that the CHA/CNA courses be reduced to approximately eight months: an initial residential session of three or four months, an internship period of two months, and a final two or three month residential session. An additional advantage of the shorter course is that it would reduce the time participants must be away from their stations. In view of the serious shortages of staff, the time factor is an important consideration in releasing individuals for training.

2.5. IDM Administration and Staff

If the recommendations of this report regarding curriculum development are accepted, there will be special staff needs during that period. It is recommended that IDM plan a two year curriculum development effort, including design and revision. This would include an initial four to six months prior to convening the course, to outline the entire programme and to prepare the curriculum for the first few months of teaching. On-going curriculum development, as well as evaluation and modification, would continue while the course is being taught. During the second year, revision of the courses would continue so that at the end of that time, the curriculum would be finished, the expatriate staff could be withdrawn, and IDM fellows could take over tutorial responsibilities.

Planning and development of the diploma and degree courses should go on simultaneously with the design of the certificate course. If possible, design of the diploma course should begin in the second year. In order to ensure compatibility, IDM staff should play a major role.

Curriculum development would require an expert in curriculum design to work with the CHA/CNA tutors specialised in hospital administration (already available on the IDM staff), community health care administration, and nursing administration. The design specialist could be a short term advisor coming periodically. Alternatively one of the subject specialists might also be qualified in design. The subject specialists should be experienced teachers and preferably have worked in the region. It must be stressed that the design effort will require continual consultation with representatives of concerned public and private sector institutions in the BLS countries (especially the ministries of health).

Even if the special design effort doesn't go forward, current staff needs in health will require the addition of a public health specialist and a nursing administrator. The use of part-time tutors needs to be minimised and guest lecturers used only to supplement the permanent staff.

In the view of this consultant, it would be highly desirable for the IDM to establish a linkage with a foreign school of public health that has an international orientation. A foreign university with a broad spectrum of disciplines and expertise on the faculty could provide specialised advisory services as needed. A longterm relationship (of perhaps five years) would ensure continuity and increasing sensitivity to regional needs. Moreover, IDM fellows going abroad for training could be placed in the sister institution, thus ensuring the relevance of their course to the IDM programme.

In addition to teaching responsibilities for the CHA/CNA programme, there is a considerable administrative load. The delegation of these responsibilities has to be clearly defined and adequate staff time allocated. Considerable administrative effort has to be focused on the internship programme, logistics, and student relations.

Administration within IDM is complicated by the geographic separation and sector divisions. Physical and telecommunication is difficult and the organisation very complex. Lines of authority and responsibilities are well-defined in the job descriptions of IDM staff but practically difficult to carry out. Although the consultant recognises that there are disadvantages, nonetheless, if health sector staff were concentrated in one of the three countries, it would increase the efficiency of the development and management of the CHA/CNA programme.

2.6. Public relations

The IDM has made a conscientious effort to maintain good communications with public and private sector institutions in the BLS countries that have an interest in the CHA/CNA programme. Moreover, with the recent appointment of a prominent individual from the health sector as the IDM director for Swaziland, and chairman for health, and the recruitment of a fellow who is well known in the health sector in Lesotho, local

relationships should improve further. There is definitely a need for the IDM to make a continuing effort to create a better understanding of the course among client organisations, and to elicit inputs from them.

The CHA/CNA courses have attracted students from non-BLS countries. This has not only added numbers of students, but also contributed to the heterogeneity of the classes. It is indicative of the programme filling a need within the larger African region. IDM should continue to build the mailing list of potentially interested clients in other countries.

Advertisements for the course programme, particularly the single page flier which is circulated, should be more explicit in explaining the nature of the courses, emphasise community health, as well as hospital management, and suggest the kinds of participants who would be most likely to benefit. In addition, it is suggested that IDM prepare a two or three page description of the substance of the courses. It would be useful to employers of graduates, and to potential client organisations.

There has been a request from the Lesotho government for a refresher course for 1979 CHA participants. The IDM should try to respond to that request and plan, in cooperation with the Ministry of Health, a short seminar that would provide an opportunity for a revision of skills and discussion of roles.

2.7. The Budget

The consultant was asked to assess the "cost/benefit" ratio of the CHA/CNA course. The IDM budget for the course shows only direct costs with an attribution for the salaries of expatriate personnel at the local equivalent. The revenue from fees is approximately twice the expenditure on direct costs. However, overhead costs are not indicated. Nor is the amortised value of capital expenditures known.

The course fee is less than the costs of sending participants to North America, or even to another African country. However, since the real costs are not known, the consultant is not able to justify the course in economic terms. Nonetheless, it is the view of the consultant that the merits of training within the country or region of the participants, as well as the apparent economies, warrant continuing the training at IDM.

It is the view of the consultant that it would be useful to the IDM to have a financial expert study the budget, including the fee structure, and do a cost/benefit analysis and advise the staff on budget planning.

A major curriculum design effort would require supplementary funding. Since most of the BLS participants in the CHA/CNA programme have been, and will, over the next few years, be funded by USAID, it is suggested that USAID be approached for this support.

APPENDIX A

LIST OF INDIVIDUALS CONSULTED

WASHINGTON, D.C.

| | | |
|-----|------------------------|--|
| 2/4 | Professor Gordon Brown | University of Missouri, Consultant, Assoc. of University Programmes in Health Administration |
| 7/4 | Mr Robert Emrey | Director of International Programmes, Assoc. of University Programmes in Health Admin. |
| 7/4 | Ms Joy Riggs-Perla | USAID, Washington, D.C. |
| | Mr Charles Du Bois | USAID, Washington, D.C. |

SWAZILAND

| | | |
|------|----------------------|--|
| 20/4 | Ms Constance Collins | USAID, Health Officer, BLS |
| 21/4 | Dr Fanny Friedman | IDM, Asst. Dir., Health Chairman |
| 21/4 | Mr Mboni Dlamini | MOH, Swaziland, Permanent Secretary |
| | Mrs Aylline Dlamini | MOH, Public Health Matron |
| | Mrs Victoria Dlamini | MOH, Chief Nursing Officer |
| | Mr Cooke | MOH, Health Administrator |
| | Mrs Manthate | Raleigh Fitkin Memorial Hospital, Matron |
| | Mr Gus Conturus | Swaziland Health Services Project, Rural Health Administrator |
| | Mr Hatfield | Swaziland Health Services Project, Hospital Administrator |
| 22/4 | Dr Khayam | Govt. Hospital, Mbabane. Medical Officer in Charge |
| | Matron G Abraham | Hlatakulu Hospital, Matron |
| | Matron Zwane | Good Shepherd Hospital, Matron |
| | Sister Cecile | Good Shepherd Hospital, Hospital Secretary |
| | Mr Miller | Raleigh Fitkin Hospital, Administrator |
| | Ms Claudette Bailey | Institute of Health Sciences, Tutor |
| | Mrs Doreen Dlamini | |

| | | |
|------|---|---|
| 22/4 | Ms Adelines Beerman | institute of Health Sciences, Tutor |
| | Mrs Phyllis Jenkins | " " " " |
| | Mrs Louisa Dlamini | " " " " |
| | Mrs Maggie Makubu | " " " Principal Tutor |
| 23/4 | Mrs Sowazi | Public Health Nurse, former participant |
| | Mrs Ntiwane | " " " |
| | Mr Mdluli | Administrator, Raleigh Fitkin Hospital, former participant |
| | Ms Monique Charest | IDM, Tutor |
| | Dr Mogens Gabel | Public Health Dentist, CHA/CNA course tutor |
| 27/4 | Mr George Vilakati | Directorate of Personnel, Personnel Officer |
| | Mr Charleson | USAID, Human Resources Development Officer |
| 28/4 | Representatives from IDM, Swaziland, and Botswana, to the joint meeting held 28/4/81 | |
| 28/4 | Sister Joanna Billette | IDM, CHA/CNA course coordinator |

LESOTHO

| | | |
|------|-------------------|---|
| 30/4 | Mr Mofo Seheri | IDM, Lesotho, Asst. Director |
| | Mrs Gwen Moeletsu | IDM, Fellow, CHA/CNA course tutor |
| | Mrs Malibo | Nursing School Tutor, CHA/CNA course tutor |
| | Mrs Boroto | MOH, Health Planner |
| | Mrs Ntoli | MOH, Snr. Adm. Secretary (Training Officer) |
| | Mrs Kuoue | MOH, Chief Nursing Officer |
| | Ms Makgaya | MOH, Asst. Adm. Secretary |
| | Mr McCoy | Lesotho Rural Health Service Project, Health Planner |
| 1/5 | Mr Ben Peckech | Private Health Association of Lesotho (P.H.A.L.) Executive Officer |
| | Mr Steven Norton | USAID, Health coordinator |

| | | |
|-----|--|--|
| 5/1 | Mr J Carney | USAID, Human Resources Development Officer |
| | Mr Mosneunyana | MOH, Personnel Officer |
| 4/5 | Ms Selloane Botsane | Scott Hospital, former participant |
| | Mrs Agnes Kalaka | Scott Hospital, former participant |
| | Ms Meisi Khaueo | MOH, Personnel (formerly Butha Buthe Hosp.) former participant |
| | Ms Nthabiseng Lafera | Lesotho Flying Doctor Service, former participant |
| | Mr Modise Lapote | Queen Elizabeth 11 Hospital, former participant |
| | Mrs Salome Sihele | Teyateyaneng Hospital, former participant |
| | Ms Virginia Lekethanyane | Queen Elizabeth 11 Hospital, former participant |
| | Ms Nthati Monyamane Leseii | Leribe Hospital, former participant |
| | Mrs Thabile Khaoli | Mohaleshoek Hospital, former participant |
| | Mr Tsietse | National Manpower Development Secretariat, Deputy Director |
| 5/5 | Matron M Makhali | Queen Elizabeth 11 Hospital |
| | Matron Mopedi | Queen Elizabeth 11 Hospital |
| | Matron Ramatlapeng | Scott Hospital, Morija |
| | Matron(Acting) Miriam Molefe | St Joseph's Hospital, Roma |
| 5/5 | Site visit to Scott Hospital, Morija | |
| | Dr Germond | Scott Hospital, MD in Charge |
| 6/5 | Dr Lester Wright | Lesotho Rural Health Project, Chief of Party |
| | Dr Mack McCoy | Lesotho Rural Health Project, Planning Adviser |
| | Mr Kess Hottle | Lesotho Rural Health Project, Management Advisor |
| 6/5 | Site visit to Mafeteng Hospital | |
| | Matron M Ntene | Mafeteng Hospital |
| 6/5 | Site visit to Tsakholo Rural Health Centre | |

BOTSWANA

| | | |
|------|-------------------------|---|
| 7/5 | Mr Charles Gorden | USAID, Programme Officer |
| | Mr Jon Gant | USAID, Human Resources Development Officer |
| 8/5 | Mr Kalake | Assoc. of Medical Missions for Botswana, Executive Coordinator |
| 8/5 | Dr Harriet Karuhije | University of Botswana, Director Dept. of Nursing Education |
| | Mrs Serara Kupe | University of Botswana, Co-Director Dept. of Nursing Education |
| | Mr Pontsho | MOH, Under-Secretary |
| | Mrs Moagi | MOH, Acting Director of Nursing Services |
| 11/5 | Dr Frederick Schindeler | IDM, Director |
| | Dr Simon Moeti | MOH, Senior Medical Officer |
| | Dr Batt | MOH, Principal Medical Officer |
| 12/5 | Mr Louis Picard | IDM, Lecturer/Consultant |
| | Mr W L Lemo | Ministry of Local Govt. & Lands, Training Officer |
| | Mr Sekga | Ministry of Local Govt. & Lands, Establishment Secretary |
| 13/5 | Mrs Ivy Valashia | Gaborone Town Council, former participant |
| | Mrs Lally Khutsoane | Botswana Meat Commission, former participant |
| | Ms Ethel Kemoeng | Athlone Hospital, Lobatse, former participant |
| | Ms Masedi Botumile | Bamelete Hospital, Ramotswa, former participant |
| | Ms Evelyn Nthebolang | Kweneng District Council, former participant |
| | Mr Ntwatsile Tiro | MOH, former participant |
| | Mr Bachile Mannathoko | Kweneng District Council, former participant |
| | Mr John Modipane | Deborah Retief Hospital, Mochudi, former participant |
| | Ms Maipelo Rapitsenyane | Kgatleng District Council, former participant |

| | | |
|------|---|---|
| 13/5 | Site visit to Bamelete Hospital, Ramotswa | |
| | Dr Ian Kennedy | Bamelete Hospital, Medical Officer |
| 14/5 | Mrs Nancy Pielemeier | Health Services Development Project, Project Coordinator |
| | Mrs Ndiki Ngcongco | National Health Institute, Principal Tutor |
| 15/5 | Mrs Linda Friesan | IDM, Librarian |

Completed questionnaires received from the following participants who were not interviewed:

| | |
|-----------------------|---------------------------------------|
| Mrs Maragaret Maswabi | Kanye District Council, Botswana |
| Ms Edith Mhapha | Maun District Council, Botswana |
| Ms Anna Plaatje | Bamelete Hospital, Ramotswa, Botswana |

2. CURRENT POSITION

2.1. Status

2.1.1. Rating (if applicable) _____

2.1.2. Number of People working for you, the job title of each:

2.1.3. Number of people you are working for, your relationship/
responsibilities to each:

2.1.4. Present salary _____

2.1.5. Did you receive a promotion or salary increase after you completed the
I.D.M. course?

2.1.6. What opportunities are there for advancement with your present
qualifications?

2.2. Tasks

2.2.1. Please list every task that you did yesterday, starting from the
beginning of your workday (include administrative, technical, planning,
clerical tasks, travel, personal activities, etc.) Check box indicating
total amount of time spent on each task.

2.2. Tasks (Continued)

| | < 30 min. | 30-60 min. | 1hr- 4hr | >4hr |
|--|--------------|---------------|-------------|------|
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2.2.2. Please list other tasks that you do occasionally/frequently

2.2.3. In what ways did the IDM course help prepare you for these tasks?

2.2.4. Are there any skills that you need for your job that were not taught during the IDM course but that should have been?

27

2.2.5. Which of your responsibilities do you particularly enjoy?

2.2.6. Are there any that you dislike or feel unqualified to carry out?

2.2.7. Since you completed the course have you tried to initiate any changes in your organization? Were they implemented? If not, why not?

3. HEALTH CARE AND NURSING ADMINISTRATION COURSE

3.1. Which certificate course did you take (CHA or CNA)? _____

3.2. What date did you complete the program? _____

3.3. How did you first hear about the program? _____

3.4. Why did you decide to sign up for the program? _____

3.5. Compulsory courses
(Q's A-H, answer yes, no
NA (don't remember)

| | (1) Principles of Administration | (2) Hospital Admin/Org. | (3) Hospital Departmental Management | (4) Personnel Management | (5) Social and Economic Aspects of Health | (6) Health Services Organization | (7) Health Care in Developing Countries | (8) Communication Skills |
|---|-------------------------------------|----------------------------|---|-----------------------------|--|-------------------------------------|--|-----------------------------|
| a. Did the teacher explain things clearly? | | | | | | | | |
| b. Did you enjoy the class? | | | | | | | | |
| c. Was the material interesting? | | | | | | | | |
| d. Did you have an adequate background for the course? | | | | | | | | |
| e. Could you understand all the material? | | | | | | | | |
| f. Was the course too elementary for you? | | | | | | | | |
| g. Are the skills you learned in the course useful in your present job? | | | | | | | | |
| h. Did you benefit from contributions of other trainees? | | | | | | | | |

i. Do you have some specific recommendations on how the course could be improved?

(1) Principles of Administration _____

(2) Hospital Administration/Organisation? _____

(3) Hospital Departmental Management? _____

(4) Personnel Management? _____

(5) Social/Economic Aspects of Health? _____

(6) Health Services Organization? _____

(7) Health Care in Developing Countries? _____

(8) Communication Skills? _____

3.6. Elective Courses
(Q's A-H, answer yes, no or
NA (don't remember))

a. Did the teacher explain
things clearly?

b. Did you enjoy the class?

c. Was the material interesting?

d. Did you have an adequate
background for the course?

e. Could you understand all the
material?

f. Was the course too elementary
for you?

g. Are the skills you learned in
the course useful in your present
job?

h. Did you benefit from contributions
of other trainees?

3.7.1. With which organization(s) did you do your internship?

3.7.2. In what ways did your internship experience help to prepare you for your present job? _____

3.7.2. In what ways was your internship not relevant to your present job?

3.7.4. How frequently did you see your supervisor? _____

3.7.5. In what ways did your supervisor assist you? _____

3.7.6. In what ways do you think your supervisor could have helped you more?

3.7.7. Describe the special project(s) you did during your internship?

3.7.8. In what ways did the project(s) contribute to the learning experience?

3.7.9. Recommendations for the internship _____

4. Other remarks, recommendations etc.

A P P E N D I X C

GUIDELINES FOR DISCUSSION WITH CLIENT ORGANISATIONS

1. What are your expectations for participants in the Health care/Nursing Administration course?
2. Do you select participants for training? If so, what are the criteria for selection? If not, why not?
3. What level of prior training and experience should participants have to benefit optimally from the course?
4. What effect(s) does the CHA/CHN programme have on the career status of participants? Please describe the job status of each of the participants since they completed the course.
5. Based on your current and projected manpower needs, can you estimate the number of participants who you could propose for the CHA/CNA course over the next five years? Would a higher/lower, less/more specialised level course in health administration be more appropriate for some potential participants? If so, describe the type of candidate and type of course. Could you identify specific candidates for such a course?
6. Has your organisation been involved with the IDM in developing the CHA/CHN Programme? If so, describe the pros and cons of your relationship. If not, do you think this would enhance the programme?

7. Can you give me detailed job descriptions of the positions in which there are employees who are/will be participating in the CHA/CHN programme?

8. What skills have participants learned that are useful to them in the performance of their jobs?

9. What skills should they have learned that they did not acquire during the programme?

10. Did you have CHA/CHN programme participants working with you during their internships? Did participants from your organisation do their internships here, or elsewhere? Please discuss the pros and cons of the internship phase of the course.

What recommendations do you have for improving:

- the selection of candidates?
- the distribution of course offerings?
- the curricula of individual courses?
- the internship?

GUIDELINES FOR DISCUSSION WITH IDM AND CHA/CNA LECTURERS

1. What are the objectives of the CHA/CNA programme?
2. Describe the type of participant for whom the programme was designed.
3. How are participants recruited and selected? How do you promote the programme in the BLS countries? elsewhere?
4. Do the participants fit the description anticipated?
5. If not, why not? and does this suggest that the recruitment procedures should be changed or the course should be redesigned?
6. Do you foresee a steady supply of participants? How many per year? for how many years?
7. To what degree is the programme meeting its objectives? and meeting the needs of the countries and individual organisations?
8. Are the objectives of each of the courses appropriate to meeting the needs of actual and potential participants? To what degree is each one meeting the objectives? What changes in the curriculum do you recommend?
- 8a. Are the core curriculum and the separate CHA and CNA curricula divided and organised most efficiently?
9. Describe the objectives, organisation and outcome of the internship phase of the CHA/CNA courses. What changes do you recommend?

10. Describe the staff involved with the CHA/CNA courses: relationship to IDM; academic and professional qualifications; availability to students outside of the classroom etc.

11. Describe the library resources, teaching and learning aids available, and resource personnel available to students either within the IDM or outside of it.

12. Please break down the budget for the CHA/CNA courses, showing line item expenditures by source of funding and compare, if possible, with other comparable courses in the IDM.

12a. What are your financial projections for the next three years: income (participant fees, donor funds, other) and costs.